

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|-------------|-----------------|
| Debtor 1 | Michael | C. | Milbrodt |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Debra | A. | Milbrodt |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | MIDDLE DIST. OF PENNSYLVANIA | | |
| Case number (if known) | 5:19-bk-03539 | | |

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Occupation****Employer's name****Employer's address****Debtor 1**

- ☐ Employed
- ☒ Not employed

Number Street

City

State Zip Code

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Kunle Fire Co**3943 SR309 Hwy**

Number Street

Dallas

City

PA

State

18612

Zip Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---------------------|--|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$0.00 | \$2,773.33 |
| 3. Estimate and list monthly overtime pay. | 3. + \$0.00 | \$0.00 |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$0.00 | \$2,773.33 |

Debtor 1 **Michael C. Milbrodt**
Debtor 2 **Debra A. Milbrodt**

Case number (if known) **5:19-bk-03539**

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|---------------------|--|
| Copy line 4 here → 4. | <u>\$0.00</u> | <u>\$2,773.33</u> |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. <u>\$0.00</u> | <u>\$277.58</u> |
| 5b. Mandatory contributions for retirement plans | 5b. <u>\$0.00</u> | <u>\$0.00</u> |
| 5c. Voluntary contributions for retirement plans | 5c. <u>\$0.00</u> | <u>\$0.00</u> |
| 5d. Required repayments of retirement fund loans | 5d. <u>\$0.00</u> | <u>\$0.00</u> |
| 5e. Insurance | 5e. <u>\$0.00</u> | <u>\$436.00</u> |
| 5f. Domestic support obligations | 5f. <u>\$0.00</u> | <u>\$0.00</u> |
| 5g. Union dues | 5g. <u>\$0.00</u> | <u>\$0.00</u> |
| 5h. Other deductions. Specify: _____ | 5h. + <u>\$0.00</u> | <u>\$0.00</u> |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. <u>\$0.00</u> | <u>\$713.58</u> |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. <u>\$0.00</u> | <u>\$2,059.75</u> |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. <u>\$0.00</u> | <u>\$0.00</u> |
| 8b. Interest and dividends | 8b. <u>\$0.00</u> | <u>\$0.00</u> |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. <u>\$0.00</u> | <u>\$0.00</u> |
| 8d. Unemployment compensation | 8d. <u>\$0.00</u> | <u>\$0.00</u> |
| 8e. Social Security | 8e. <u>\$0.00</u> | <u>\$0.00</u> |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. <u>\$0.00</u> | <u>\$0.00</u> |
| 8g. Pension or retirement income | 8g. <u>\$0.00</u> | <u>\$0.00</u> |
| 8h. Other monthly income. Specify: <u>Social Security for child</u> | 8h. + <u>\$0.00</u> | <u>\$1,665.00</u> |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. <u>\$0.00</u> | <u>\$1,665.00</u> |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. <u>\$0.00</u> | <u>\$3,724.75</u> |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | 11. + <u>\$0.00</u> | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies. | | <u>\$3,724.75</u> Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>See continuation sheet.</u> | | |

Debtor 1 **Michael C. Milbrodt**
Debtor 2 **Debra A. Milbrodt**

Case number (if known) **5:19-bk-03539**

13. Expected increase or decrease within the year after you file this form:

Debtor's SS Benefits is exempt for purposes of determining disposable income as under means test Congress specifically exempted same. In addition, definition of current monthly income under Section 101 specifically excludes SS Benefits. Lastly, Congress specifically exempted SS Benefits from being garnished attached and levied by a creditor. Debtor exempts total amount of \$1,465.00. Remaining amount will be utilized to fund Plan.

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|-------------|-----------------|
| Debtor 1 | Michael | C. | Milbrodt |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Debra | A. | Milbrodt |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | MIDDLE DIST. OF PENNSYLVANIA | | |
| Case number (if known) | 5:19-bk-03539 | | |

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
☒ Yes. Does Debtor 2 live in a separate household?
☒ No
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--|-----------------|--|
| <u>son</u> | <u>18</u> | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| <u>daughter</u> | <u>14</u> | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence.
Include first mortgage payments and any rent for the ground or lot.4. \$667.00**If not included in line 4:**

| | |
|---|---------------------|
| 4a. Real estate taxes | 4a. <u>\$0.00</u> |
| 4b. Property, homeowner's, or renter's insurance | 4b. <u>\$0.00</u> |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. <u>\$100.00</u> |
| 4d. Homeowner's association or condominium dues | 4d. <u>\$0.00</u> |

Debtor 1 **Michael C. Milbrodt**
Debtor 2 **Debra A. Milbrodt**

Case number (if known) **5:19-bk-03539**

Your expenses

| | | |
|--|------|-------------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | <u>\$0.00</u> |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | <u>\$325.00</u> |
| 6b. Water, sewer, garbage collection | 6b. | <u>\$0.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | <u>\$280.00</u> |
| 6d. Other. Specify: <u>Internet</u> | 6d. | <u>\$40.00</u> |
| 7. Food and housekeeping supplies | 7. | <u>\$750.00</u> |
| 8. Childcare and children's education costs | 8. | <u>\$0.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. | <u>\$100.00</u> |
| 10. Personal care products and services | 10. | <u>\$0.00</u> |
| 11. Medical and dental expenses | 11. | <u>\$183.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | <u>\$350.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | <u>\$100.00</u> |
| 14. Charitable contributions and religious donations | 14. | <u>\$0.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | <u>\$0.00</u> |
| 15b. Health insurance | 15b. | <u>\$0.00</u> |
| 15c. Vehicle insurance | 15c. | <u>\$208.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. | <u> </u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. | <u>\$0.00</u> |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. | <u> </u> |
| 17b. Car payments for Vehicle 2 | 17b. | <u> </u> |
| 17c. Other. Specify: _____ | 17c. | <u> </u> |
| 17d. Other. Specify: _____ | 17d. | <u> </u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | <u>\$0.00</u> |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. | <u>\$0.00</u> |

Debtor 1 **Michael C. Milbrodt**
Debtor 2 **Debra A. Milbrodt**

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20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

| | | |
|---|------|---------------|
| 20a. Mortgages on other property | 20a. | <u>\$0.00</u> |
| 20b. Real estate taxes | 20b. | <u>\$0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. | <u>\$0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | <u>\$0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. | <u>\$0.00</u> |

21. Other. Specify: See continuation sheet 21. + \$165.00

22. Calculate your monthly expenses.

| | | |
|---|------|-------------------|
| 22a. Add lines 4 through 21. | 22a. | <u>\$3,268.00</u> |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b. | <u></u> |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22c. | <u>\$3,268.00</u> |

23. Calculate your monthly net income.

| | | |
|---|------|-------------------|
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | <u>\$3,724.75</u> |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | <u>\$3,268.00</u> |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | <u>\$456.75</u> |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

None.

Debtor 1 **Michael C. Milbrodt**
Debtor 2 **Debra A. Milbrodt**

Case number (if known) **5:19-bk-03539**

21. Other. Specify:

Auto Maintenance and repair

\$125.00

Pet food/ veterrarian

\$40.00

Total:

| |
|-----------------|
| \$165.00 |
|-----------------|

Ability Recovery Svcs. LLC
P.O. Box 4031
Wyoming, PA 18644

ACC, LLC
One Montage Mountain Rd.
Moosic, PA 18507

AFNI
P.O. Box 3097
Bloomington, IL 61702

AIS Portfolio Services, LP
4515 N. Santa Fe Ave.
Oklahoma City, OK 73118

Allgate Financial
707 Skokie Blvd., Ste. 375
Northbrook, IL 60062

Apex Asset Management
1286 Carmichael Way
Montgomery, AL 36106-3645

Ascension Capital Group, Ltd
P.O. Box 201347
Arlington, TX 76006

Asset Acceptance
P.O. Box 2036
Warren., MI 48090

Asset Acceptance
P.O. Box 1630
Warren, MI 48090

Atlas Acquisitions, LLC
294 Union St.
Hackensack, NJ 07601

Blue Ridge Cable
613 Third St.,
Collection Dept.
Palmerton, PA 18071

Bureau of Account Management
3607 Rosemont Ave., Ste. 502
Camp Hill, PA 17001

Capital One
PO Box 30285
Salt Lake City, UT 84130

Central Credit Audit
100 N. 3rd Street
Sunbury, PA 17801

Citibank
Box 6500
Sioux Falls, SD 57117

Comenity Bank/Fashion Bug
Bankruptcy Department
P.O. Box 182125
Columbus, OH 43218-2125

Community Bank, N.A.
45-49 Court Street
P.O. Box 509
Canton, NY 13617

Credit Management Services
2235 Mercury Way, Ste. 275
Santa Rosa, CA 95407-5463

CreditOne
P.O. Box 98873
Las Vegas, NV 89193

Debra A. Milbrodt
114 Beaver St.
Noxen, PA 18636

EOS CCA
19 Prince Street
Rochester, NY 14607

ER Solutions
800 SW 39th St.
Renton, WA 98055

Flexible Financial
517 Mill St.
Peckville, PA 18452

Geisinger Health System
P.O. Box 828560
Philadelphia, PA 19182

Geisinger Clinic
133 W. Tioga St.,
Tunkhannock, PA 18657

Geisinger Health System
100 North Academy Ave.
Danville, PA 17822

Geisinger Medical Center
100 North Academy Ave.
Danville, PA 17822

Granite Recovery, LLC
c/o Recovery Management Systems Corp.
25SE 2nd Avenue, Suite 1120
Miami, FL 33131-1605

Harvard Collection Services
4839 N. Elston Ave.
Chicago, IL 60630

HSBC Card Services
P.O. Box 80084
Salinas, CA 93912

JPMorgan Chase Bank, N.A.
MC: OH4-7302
3415 Vision Dr.
Columbus, OH 43219

Kraft Emergency Physicians
P.O. Box 37888
Philadelphia, PA 19101-7888

Law offices of Tullio DeLuca
381 N. 9th Avenue
Scranton, PA 18504

LVNV Funding LLC
P.O. Box 10497
Greenville, SC 29603

Matthew Berger, M.D.
340 Montage Mountain Rd.
Moosic, PA 18507

Medical Data Systems, Inc.
645 Walnut St. Ste 5
Gadsden, AL 35901

Medicredit Corp.
P.O. Box 1629
Maryland Heights, MO 63043

Michael C. Milbrodt
114 Beaver St.
Noxen, PA 18636

Midland Credit Management, Inc.
as agent for Midland Funding, LLC
P.O. Box 2011
Warren, MI 48090

Milton S. Hershey Medical Center
600 Center View Lane
Hershey, PA 17033

Miramed Revenue Group
360 E. 22nd St.
Lombard, IL 60148

Modern Gas Sales
P.O. Box 201
Reeders, PA 18352

National Recovery Agency
2491 Paxton Street
Harrisburg, PA 17011

NCC
245 Main St.
Dickson City, PA 18519

NCO Financial Systems
507 Prudential Rd.
Horsham PA 19044

Oliphant Financial Group, LLC
9009 Town Center Parkway
Lakewood Ranch, FL 34202

P&G Mehoopany Employees FCU
15 Lane Hill Rd.
Tunkhannock, PA 18657

P&G Mehoopany Employees FCU
Customer Service
P.O. Box 30495
Tampa, FL 33630

PHFA
2101 N. Front St.
P.O. Box 15530
Harrisburg, PA 17105

Pittston Medical Associates
1099 S. Township Blvd. #F
Pittston, PA 18640

Portfolio Recovery Associates, LLC
120 Corporate Blvd.
Norfolk, VA 23502

Radiology Assoc. Wyoming Valley
PO Box 197
State College, PA 16804-0917

Sears
7920 NW 110th St
Kansas City, MO 54153-1270

Sprint
P.O. Box 7993
Overland Park, KS 66207

Synchrony Bank/Aquavantage
Attn: Bankruptcy Dept.
P.O. Box 965060
Orlando, FL 32896-5060

Target National Bank
c/o Target Credit Services
P.O. Box 1581
Minneapolis, MN 55440

Transworld Systems
2235 Mercury Way, Suite 275
Santa Rosa, CA 95407

W.C.I.
P.O. Box 97029
Redmond, WA 98073

Webb Chiropractic Center
300 Wyoming Ave.
Wyoming, PA 18644

West Asset Management
2703 N. Highway 75
Sherman, TX 75092

Wilkes-Barre General Hospital
575 N. River St.
Wilkes-Barre, PA 18764